

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--------------------------------------|---|------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>8-31-05</u> | | 2 Serial/Patent # <u>10/ 527 476</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>100.00</u> | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | |
| | Duplicate Payment | | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>4</td><td>--</td><td>0</td><td>2</td><td>1</td><td>3</td> </tr> </table> | | 0 | 4 | -- | 0 | 2 | 1 | 3 |
| 0 | 4 | -- | 0 | 2 | 1 | 3 | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>B.A.C.</u> | | TITLE: _____ | | | | | | | | | |
| SIGNATURE: <u>BAC</u> | | PHONE: _____ | | | | | | | | | |
| OFFICE: <u>PCT/DO/EO</u> | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between; font-size: small;"> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** Repln. Ref: 09/01/2005 RCOMPTEL 0015195100 FC: 9204 ***** </div> | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: